



## **INFORMATION ON AVAILABILITY OF MEDICARE/MEDICAID MANUALS**

**U.S. Department of Health and Human Services  
Health Care Financing Administration  
HCFA-Pub 02192  
Revision: August 1966**

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**NOTE:**      **Publications are listed in numerical order by publication number.**

## **SECTION 1 - GENERAL INFORMATION**

### **Who is eligible to receive the Health Care Financing Administration's Medicare/Medicaid manuals?**

Medicare/Medicaid manuals, interim manual instructions, and Medicare transmittals are distributed to intermediaries, carriers, HCFA Regional Offices, Federal Agencies, State Agencies and Congressional Offices, on a daily basis, to those requestors submitting a letter or memorandum. Send Correspondence to address listed below.

All Medicare providers should contact their carrier and/or intermediary to obtain a copy(s) of Medicare/Medicaid manuals and transmittals.

HCFA Pub. 02192 is located on the Internet. To obtain access, click on HCFA's Home Page and then click on Publications and Forms.

If you feel you are entitled to Medicare/Medicaid manuals for reasons other than the above, you may apply directly to HCFA at the address listed below to find out if you are eligible. The FAX Number for correspondence is (410) 786-4786.

Health Care Financing Administration  
ATTN: Distribution Management Team  
Room SLL-12-06  
7500 Security Blvd.  
Baltimore, MD 21244-1850

**Where can the public and/or private sector (lawyers, doctors--Part B side, CPAs, private medical institutions not dealing directly with Medicare) obtain a copy of HCFA's Medicare manuals/transmittals?**

1. Medicare manuals are available for purchase through the Government Printing Office/Superintendent of Documents, Washington, D.C. You may purchase any of these manuals by calling (202) 512-1800 to determine the current price(s) and to receive purchasing instructions.

Superintendent of Documents  
U.S. Government Printing Office  
Washington, D.C. 20402-9325

Requestors should specify the publication number, title, and stock number of the item(s) being requested. (See Pages 3-4 for the list of Manuals.)

2. Medicare manuals are also available for purchase through the National Technical Information Service, Springfield, Virginia. If you wish to purchase any of these manuals, please call (703) 487-4630 or 487-4650 to determine the current prices(s) and to receive purchasing instructions. Requestors should specify the subscription title, publication number, and order number being requested. HCFA Program Memorandums: Pub. 60A/Intermediary, Pub. 60B/Carrier and Pub. 60A/B Intermediary/Carrier are also available through NTIS. (See Pages 5-15 for a list of manuals.) You can send a written request to:

U.S. Department of Commerce  
National Technical Information Service  
Subscription Department  
5285 Port Royal Road  
Springfield, VA 22161

## **Manuals sold by the Government Printing Office/Superintendent of Documents.**

The following HCFA program manuals are available through the Superintendent of Documents (Sup Docs), Subscription Entry, U.S. GPO, Washington, D.C. 20402. Also, Sup Docs subscription service includes the basic manuals and all revisions for approximately 1 year. If you wish to purchase any of these manuals, please call (202) 512-1800 to determine the current price(s) and to receive purchasing instructions. Requestors should specify the subscription title, serial number, and the list identification of the item(s) being requested.

TITLE: Coverage Issues Manual  
PUB: HCFA Pub. 6  
GPO LIST ID: MCIA  
SUBSCRIPTION TITLE S/N: 917-012-00000-8

This manual contains national coverage decisions and sets forth whether specific medical items, services, treatment procedures, or technologies can be paid for under the Medicare program.

TITLE: Hospital Manual  
PUB: HCFA Pub. 10  
GPO LIST ID: HMP  
SUBSCRIPTION TITLE S/N: 917-004-00000-5

This manual is issued to hospitals participating in the Medicare program and contains the policies and procedures applicable to the delivery of hospital services, claims processing instructions, billing procedures, coverage requirements, and related Medicare matters.

TITLE: Home Health Agency Manual  
PUB: HCFA Pub. 11  
GPO LIST ID: HHAM  
SUBSCRIPTION TITLE S/N: 917-004-00000-5

This manual provides the operating instructions needed by the Home Health Agency in dealing with patients, its intermediary and the regional and central offices of the Health Care Financing Administration.

TITLE: Skilled Nursing Facility Manual  
PUB: HCFA Pub. 12  
GPO LIST ID: SNFM  
SUBSCRIPTION TITLE S/N: 917-008-00000-1

This manual delineates the providers' responsibilities for claims submitted on behalf of Medicare beneficiaries. It includes the claims information necessary and the requirements for services covered under the program.

TITLE: Medicare Intermediary Manual - Claims Process, Part 3  
PUB: HCFA Pub. 13-3  
GPO LIST ID: MIMA  
SUBSCRIPTION TITLE S/N: 917-006-00000-8

This manual contains instructions and procedures for processing claims. This includes coverage limitations and coverage requirements. The beneficiary appeals process is included.

TITLE: Medicare Carriers Manual - Claims Process, Part 3  
PUB: HCFA Pub. 14-3  
GPO LIST ID: MCMB  
SUBSCRIPTION TITLE S/N: 917-003-00000-9

This manual contains informational and procedural material the carrier needs for the efficient processing and payment of claims. This includes instructions dealing with coverage of services, bill review, reasonable charges, and other pertinent claims procedures.

TITLE: Provider Reimbursement Manual  
PUB: HCFA Pub. 15-1  
GPO LIST ID: PRM  
SUBSCRIPTION TITLE S/N: 917-007-00000-4

This manual includes instructions on calculating Medicare payments to hospitals and skilled nursing facilities which are reimbursed under the prospective payment system as well as other providers which are reimbursed on a reasonable cost basis.

## **SECTION 2 - MEDICARE MANUALS**

**Sold by the National Technical Information Service (NTIS).**

The following Health Care Financing Administration (HCFA) program manuals are available through the National Technical Information Service, Springfield, Virginia. Also, you can subscribe and will be sent the basic manual with current updates and future updates as they are issued by HCFA. If you wish to purchase any of the manuals listed below, please call (703) 487-4630/4650.

TITLE: Coverage Issues Manual  
PUB: HCFA Pub. 6  
ORDER NUMBER: PB 95-955099

This manual contains national coverage decisions and sets forth whether specific medical items, services, treatment procedures, or technologies are paid for under the Medicare program.

TITLE: State Operations Manual  
PUB: HCFA Pub. 7  
ORDER NUMBER: PB 95-950099

This manual provides operating policies and procedures for state survey agencies charged with ascertaining whether health and safety standards are met. It provides State agencies with instructions for participation in the Medicare/Medicaid programs. It includes procedures for surveying providers and suppliers and for evaluating their performance in rendering a safe and acceptable quality of care.

TITLE: Medicare Outpatient Physical Therapy and Comprehensive  
Outpatient Rehabilitation Facility Manual  
PUB: HCFA Pub. 9  
ORDER NUMBER: PB 93-950199

This manual makes available to the provider of outpatient physical therapy, information and procedural material applicable to the delivery of physical therapy and rehabilitative services to Medicare beneficiaries. It includes claims processing instructions, billing procedures, coverage requirements, and related matters.

TITLE: Medicare Hospital Manual  
PUB: HCFA Pub. 10  
ORDER NUMBER: PB 95-955199

This manual contains information that is issued to hospitals participating in the Medicare program. It contains the policies and procedures applicable to the delivery of hospital services, claims processing instructions, billing procedures, coverage requirements, and related Medicare matters.

TITLE: Medicare Home Health Agency Manual  
PUB: HCFA Pub. 11  
ORDER NUMBER: PB 95-955299

This manual contains the policies and procedures applicable to the delivery of home health services to Medicare beneficiaries, billing procedures, coverage requirements, and related matters governing the agencies' performance under the program.

TITLE: Medicare Skilled Nursing Facility Manual  
PUB: HCFA Pub. 12  
ORDER NUMBER: PB 95-954999

This manual delineates the providers' responsibilities for claims submitted on behalf of Medicare beneficiaries. It includes the claims information necessary and the requirements for services covered under the program.

TITLE: Medicare Intermediary Manual, Fiscal Administration, Part I  
PUB: HCFA Pub. 13-1  
ORDER NUMBER: PB 92-950299

This manual provides operating policies and procedures for fiscal intermediaries charged with paying providers under Medicare. In general, it states HCFA policies concerning the intermediary's preparation of budgets letting (sub) contracts and its accountability to Medicare.

The manual provides the procedures to follow in order to secure Medicare funds to pay to participating providers for services covered under the program.



TITLE: Medicare Intermediary Manual, Audits, Reimbursement,  
Program Administration, Part 2  
PUB: HCFA Pub. 13-2  
ORDER NUMBER: PB 93-950399

This manual includes an integral part of the contract between HCFA and fiscal intermediaries. In general, it states HCFA policies concerning intermediaries' reimbursable costs.

The manual provides intermediaries with instructions for claiming reimbursement and the time frames for processing requests. It delimits the intermediary's responsibility in making payment to providers of services covered under Part A of Medicare.

TITLE: Medicare Intermediary Manual, Claims Process, Part 3  
PUB: HCFA Pub. 13-3  
ORDER NUMBER: PB 95-954699

This manual contains instructions and procedures for processing claims, including coverage limitations and coverage requirements. The beneficiary appeals process is included.

TITLE: Medicare Intermediary Manual, Audit Procedures, Part 4  
PUB: HCFA Pub. 13-4  
ORDER NUMBER: PB 95-950499

The material in this manual deals with audits formerly in HCFA Pub 2, including all fiscal intermediary instructions on how to conduct audits of participating providers.

TITLE: Medicare Carriers Manual, Fiscal Administration, Part 1  
PUB: HCFA Pub. 14-1  
ORDER NUMBER: PB 89-950599

This manual provides operating policies and procedures for contractors charged with administering the Medicare program. It has instructions on reimbursement of contractor administrative costs; budget preparation and execution; letter of credit method of advancing funds; and carrier accountability.

TITLE: Medicare Carriers Manual, Program Administration, Part 2  
PUB: HCFA Pub. 14-2  
ORDER NUMBER: PB 95-950699

This manual contains administrative guidelines such as systems security procedures, contractor performance evaluation, legal processes, and records management.

TITLE: Medicare Carriers Manual, Claim Processing, Part 3  
PUB: HCFA Pub. 14-3  
ORDER NUMBER: PB 94-954799

This manual contains informational and procedural material the carrier needs for efficient processing and payment of claims. This includes instructions dealing with coverage of services, bill review, reasonable charges, and other pertinent claims procedures.

TITLE: Medicare Carriers Manual, Professional Relations, Part 4  
PUB: HCFA Pub. 14-4  
ORDER NUMBER: PB 89-955899

This manual contains the contacts that carriers must develop with physicians, laboratories, etc., from whom they can reasonably expect claims. This includes the carrier's criteria for accepting claims. It also explains how unique physician identification numbers will be assigned and the data that physicians provide for this purpose.

TITLE: Medicare Provider Reimbursement Manual  
PUB: HCFA Pub. 15-1  
ORDER NUMBER: PB 95-954899

This manual includes instructions on calculating Medicare payments to hospitals and skilled nursing facilities that are reimbursed under the prospective payment system, as well as other providers that are reimbursed on a reasonable cost basis.

TITLE: Medicare Provider Reimbursement Manual, Reimbursement for  
ESRD Service and Supplies, Part I  
PUB: HCFA Pub. 15-27  
ORDER NUMBER: PB 89-950799

This chapter (27) from the Medicare Provider Reimbursement Manual, Part 1, covers target rate reimbursement for home dialysis. Target rate reimbursement is an optional method of Medicare reimbursement for the cost of furnishing self-care home dialysis patients all necessary home dialysis medical supplies, equipment, and supportive services, including the services of qualified home dialysis aides.

TITLE: Medicare Provider Reimbursement Manual, Part II  
PUB: HCFA Pub. 15-II-A  
ORDER NUMBER: PB 95-950899

This chapter (1) from Part II of the Medicare Provider Reimbursement Manual describes the general requirements for filing cost reports. Providers of services participating in the Medicare program are required to submit information to achieve settlement of costs relating to health care services rendered to Medicare beneficiaries. Regulations state that cost reports "will be required from providers on an annual basis..." When a provider fails to file a timely cost report, all interim payments since the beginning of the cost reporting period can be deemed overpayments.

**\*Note: HCFA Pub. 15-II-C and Pub. 15-II-D, have been replaced by HCFA Pub. 15-II-Q**

TITLE: Medicare Provider Reimbursement Manual, Cost Report for  
Outpatient Physical Therapy and Speech Pathology Providers, Part II,  
PUB: HCFA Pub.15-II-F  
ORDER NUMBER: PB 80-951199

This chapter (6) provides instructions to outpatient physical therapy, outpatient speech pathology providers and intermediaries on how to complete HCFA Form-2088, Outpatient Physical Therapy and Outpatient Speech Pathology Provider Cost Report. This form is used by providers to record operating costs for Medicare reimbursement purposes.

TITLE: Medicare Provider Reimbursement Manual, Cost Reporting for  
Providers with All-Inclusive Rates or No-Charge Structures, Part II,  
PUB: HCFA Pub. 15-II-G  
ORDER NUMBER: PB 77-951299

this chapter (7) contains instructions on the cost reporting forms to be used by all-inclusive rate and no-charge structure providers.

TITLE: Medicare Provider Reimbursement Manual, Independent Renal  
Dialysis Facility Cost Report, Part II  
PUB: HCFA Pub. 15-II-I  
ORDER NUMBER: PB 82-951399

This chapter (9) provides instructions on renal dialysis facilities and intermediaries on how to complete HCFA Form-265, Independent Renal Dialysis Facility Cost Report. This form is

used by renal dialysis facilities to record operating costs for Medicare reimbursement purposes.

TITLE: Medicare Provider Reimbursement Manual, Cost Reports  
for Home Office, Part II  
PUB: HCFA Pub. 15-II-J  
ORDER NUMBER: PB 83-951499

This chapter (10) provides instructions to chain organizations and intermediaries on how to complete HCFA Form-287, Home Office Cost Statement. This form is used by chain organizations to record operating costs for Medicare reimbursement purposes

TITLE: Medicare Provider Reimbursement Manual, Provider Cost Report/Reimbursement  
Questionnaire, Part II  
PUB: HCFA Pub. 15-II-K  
ORDER NUMBER: PB 95-951599

This chapter (11) provides instructions to all providers of Medicare services and intermediaries on how to complete HCFA Form-339, Provider Cost Report Reimbursement Questionnaire. This form is used as a supplemental worksheet to assist providers in preparing annual cost reports for Medicare reimbursement purposes.

TITLE: Medicare Provider Reimbursement Manual, Provider Cost  
Reporting Forms and Instructions--Skilled Nursing Facilities, Part II  
PUB: HCFA Pub. 15-II-M  
ORDER NUMBER: PB 86-954299

This chapter (13) provides instructions to skilled nursing facilities and skilled nursing facility health care complexes on how to complete the new cost report HCFA Form-2540-86.

TITLE: Medicare Provider Reimbursement Manual, Provider Cost Reporting  
Forms and Instructions, Chapter 16  
PUB: HCFA Pub. 15-II-P  
ORDER NUMBER: PB 93-956599

TITLE: Medicare Provider Reimbursement Manual, Provider Cost Reporting  
Forms and Instructions-HCFA Form-1728-86. Home Health Agency  
Cost Report, Part II.  
PUB: HCFA Pub. 15-II-Q  
ORDER NUMBER: PB 86-954399

This chapter (17) contains instructions on how to complete the new cost report forms to be filed by freestanding home health agencies.

TITLE: Medicare Provider Reimbursement Manual, Provider Cost Reporting Forms and Instructions-Form 2552-85, Hospitals and Hospital Health Care Complexes, Part II.  
PUB: HCFA Pub. 15-II-S  
ORDER NUMBER: PB 95-954199

This chapter (19) contains instructions on how to complete the cost report HCFA Form-2552-85 to be filed by hospitals and hospital health care complexes.

TITLE: Medicare Provider Reimbursement Manual, Provider Cost Reporting Forms and Instructions-HCFA Form-216-86 Organ Procurement Agencies and Transplant Centers, Part II.  
PUB: HCFA Pub. 15-II-U  
ORDER NUMBER: PB 86-954499

This chapter (21) has been added to impose documentation requirements for organ procurement agencies and certified transplant centers.

TITLE: Medicare Provider Reimbursement Manual, Provider Cost Reporting Forms and Instructions-General, Part II  
PUB: HCFA Pub. 15-II-V  
ORDER NUMBER: PB 89-955399

This chapter (22) contains instructions for fiscal intermediaries to recompute Medicare reimbursement for hospitals and hospital health care complexes reimbursing for the cost of malpractice insurance. This chapter also includes instructions for the recalculation of labor/delivery room costs resulting from a negotiated settlement between hospitals and the Department of Health and Human Services.

TITLE: Provider Reimbursement Manual, Part II - Provider Cost Reporting Forms and Instructions (Hospital).  
PUB: HCFA Pub. 15-II-X  
ORDER NUMBER: PB 89-955999

This transmittal introduces Chapter 24, Hospital and Hospital Health Care Complex Cost Report, HCFA Form 2552-89, which contains instructions for the completion of the new cost report forms to be filed by hospitals and hospital health care complexes.

TITLE: Medicare Provider Reimbursement Manual, Skilled  
Nursing Facility, Part II  
PUB: HCFA Pub. 15-II-AD  
ORDER NUMBER: PB 87-955499

This chapter (30) contains HCFA Form 2540-87, Skilled Nursing Facility Prospective Payment Cost Report, and instructions for it to be completed by qualifying SNFs electing prospective payments.

TITLE: Medicare Provider Reimbursement Manual, Reporting Forms and  
Instructions Chapter 28, HCFA Form 2552-92, Part II  
PUB: HCFA Pub. 15-II-AB  
ORDER NUMBER: PB 92-956399

This chapter (28) contains HCFA Form 2552-92.

TITLE: Medicare Provider Reimbursement Manual, Reporting  
Forms and Instructions Chapter 29, HCFA Form 222-92.  
PUB: HCFA Pub. 15-II-AC  
ORDER NUMBER: PB 93-956799

This chapter (22) contains Form 222-92

TITLE: Medicare Provider Reimbursement Manual, Reporting Forms and  
Instructions Chapter 31, HCFA Form 287-92, Part II  
PUB: HCFA Pub 15-II-AE  
ORDER NUMBER: PB 92-956499

This chapter (31) contains HCFA Form 287-92.

TITLE: Medicare Provider Reimbursement Manual, Reporting Forms and  
Instructions, Chapter 32, HCFA Form 1728-94  
PUB: HCFA Pub. 15-II-AF  
ORDER NUMBER: PB 95-957400

This chapter (32) contains form 1728-94.

TITLE: Medicare Provider Reimbursement Manual, Reporting Forms and Instructions, Chapter 34, HCFA Form 265-94  
PUB: HCFA Pub. 15-II-AH  
ORDER NUMBER: PB 95-957099

This chapter (34) contains Form 265-94.

TITLE: Medicare Provider Reimbursement Manual, Provider Cost Reporting Forms and Instructions, Chapter 18, HCFA Form 2088-92, Part II.  
PUB: HCFA Pub. 15-II-R  
ORDER NUMBER: PB 93-956699

This chapter (18) contains HCFA Form 2088-92.

TITLE: Peer Review Organization Manual  
PUB: HCFA Pub. 19  
ORDER NUMBER: PB 95-954099

This manual provides guidance to PROs in implementing review functions, e.g., determining whether medical services provided (or proposed) are reasonable and necessary, are provided in the proper setting, and meet professionally recognized standards of health care.

TITLE: Medicare Hospice Manual  
PUB: HCFA Pub. 21  
ORDER NUMBER: PB 94-951799

This manual provides, in ready reference format, informational and procedural material hospices need for prompt and accurate filing of claims for services furnished under the provisions of the health Insurance for the Aged Act (Medicare). It also contains information the hospice may need to answer questions patients often ask about the program, and should help to assure that the law is applied nationally without regard to where covered services are furnished.

TITLE: State Buy-In Manual  
PUB: HCFA Pub. 24  
ORDER NUMBER: PB 96-957199

This manual deals with the Carriers, who adjudicate claims in accordance with the provisions of the Social Security Act (the Act), the regulations and instructions issued by the Health Care Financing Administration (HCFA)

TITLE: Medicare Carrier Quality Assurance Program Handbook

PUB: HCFA Pub. 25  
ORDER NUMBER: PB 95-957299

Included in this manual are such topics as grants to states for medical assistance programs, Medicaid quality control, reporting requirements for plan amendments/waivers, maintenance of approved State Medicaid plans, fiscal administration, and Medicaid contract administration.

TITLE: Medicare Rural Health Clinic Manual (RHC)  
PUB: HCFA Pub. 27  
ORDER NUMBER: PB 95-953999

RHCs are clinics that are not part of a hospital, SNF, or HHA. This manual provides RHCs with informational and procedural material needed for prompt and accurate filing of claims for services furnished under the provisions of the health Insurance for the Aged Act (Medicare). The material is in ready reference format. It also contains information the clinic may need to answer questions patients often ask about the program, and should help to assure that the law is uniformly applied nationally without regard to where covered services are furnished.

TITLE: Medicare Renal Dialysis Facility Manual  
PUB: HCFA Pub. 29  
ORDER NUMBER: PB 94-953599

This manual makes available to the non-hospital renal disease facility provider, in ready reference format, informational and procedural material needed for prompt and accurate filing of claims for services furnished under the provisions of the health insurance for the Aged Act (Medicare). It also contains information the provider may need to answer questions patients often ask about the program, and should help to assure that the law is uniformly applied nationally without regard to where covered services are furnished.

TITLE: Medicare Christian Science Sanatorium Hospital Manual Supplement  
PUB: HCFA Pub. 32  
ORDER NUMBER: PB 95-957399

This manual is a supplement to the Medicare Hospital Manual.

TITLE: Medicare Health Maintenance Organization/Competitive Medical Plan Manual  
PUB: HCFA Pub. 75  
ORDER NUMBER: PB 89-953899



This manual provides the operating rules and procedures for health maintenance organizations (HMOs) and competitive medical plans (CMPs) that enter into contracts with HCFA to provide health services on a prepayment basis to Medicare beneficiaries under Section 1876 of Title 18 of the Social Security Act.

TITLE: Manual for Federally Qualified Health Maintenance Organizations (Title 13, Public Health Service Act)

PUB: HCFA Pub. 77

ORDER NUMBER: PB 89-956199

Provides the operating rules and procedures for health maintenance organizations (HMOs) applying for qualification under the Public Health Service Act and are federally qualified under that Act. Provides general information about federal qualifications; Federal/State relationships; the financial requirements of federally qualified HMOs; the financial incentive and risk arrangements; and the aspects of the law that relate to HMO interactions with employer contributions.

TITLE: Medicare End Stage Renal Disease Network Organizations Manual

PUB: HCFA Pub. 81

ORDER NUMBER: PB 94-956899

This manual provides technical instructions and/or changes in procedures in an understandable format which can be easily modified. The process would benefit both HCFA and its customers.

## **SECTION 3 - REGIONAL OFFICE MANUALS**

TITLE: Regional Office Manual, General, Part 1  
PUB: HCFA Pub. 23-1  
ORDER NUMBER: PB 89-951899

The manual provides operating policies and procedures for Health Care Financing Administration regional offices. This short manual deals with audit resolution procedures.

TITLE: Regional Office Manual, Medicare, Part 2  
PUB: HCFA Pub. 23-2  
ORDER NUMBER: PB 94-951999

This is the principal manual for transmitting program instructions to the regional offices concerning contract administration, program relationships, claims process, program review, program reimbursement, provider certification, direct dealing, fiscal administration, and Medicare appeals.

TITLE: Regional Office Manual, Program Integrity, Part 3  
PUB: HCFA Pub. 23-3  
ORDER NUMBER: PB 85-952099

This manual deals with program integrity aspects and the regional office responsibilities in this area. Included subjects are: quality control, definitions of key terms, program management review, detection procedures, disclosure of fraud and abuse information, post-investigative procedures, administrative sanctions, and administrative items.

TITLE: Regional Office Manual, Standards and Certification, Part 4  
PUB: HCFA Pub. 23-4  
ORDER NUMBER: PB 88-952199

This manual deals with the regional office responsibilities in the standards and certification aspects of the program. This includes instructions on review of provider certifications, provider/supplier approval, and management and monitoring of the provider certification process.

TITLE: Regional Office Manual, Medicaid, Part 6  
PUB: HCFA Pub. 23-6  
ORDER NUMBER: PB 86-952299

This manual deals with the Buy-In Program. States may enroll certain groups of needy people under the supplementary Medical Insurance Program (Also, referred to as SSI or Medicare, Part B) and pay their premiums.

## **SECTION 4 - MEDICAID MANUALS**

**TITLE:** State Medicaid Manual, Introduction, Basic  
**PUB:** HCFA Pub. 45  
**ORDER NUMBER:** PB 87-954599

This Medicaid Manual provides operating policies and procedures for Medicaid single State agencies and others charged with administering the program. This introduces the parts of the State Medicaid Manual. Its users consist mostly of State agencies.

**TITLE:** State Medicaid Manual, State Organization, Part 2  
**PUB:** HCFA Pub. 45-2  
**ORDER NUMBER:** PB 88-952399

This manual covers organization and general administration, State personnel administration, and State fiscal administration. Correlates to: 42 CFR Parts 431, 432, 433, and 45 CFR Parts 201 and 213.

**TITLE:** State Medicaid Manual, Eligibility, Part 3  
**PUB:** HCFA Pub. 45-3  
**ORDER NUMBER:** PB 89-952499

This manual contains general provisions, definitions, mandatory and optional coverage, categorically and medically needy, financial requirements, etc. Correlates to: 42 CFR Parts 435 and 436.

**TITLE:** State Medicaid Manual, Services, Part 4  
**PUB:** HCFA Pub. 45-4  
**ORDER NUMBER:** PB 88-952599

This manual covers requirements and limits applicable to all services and specific services, definitions and general provisions. Correlates to: 42 CFR Parts 440, 441, 442, and 481.

**TITLE:** State Medicaid Manual, Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), Part 5  
**PUB:** HCFA Pub. 45-5  
**ORDER NUMBER:** PB 89-952699

This manual covers early and periodic screening, diagnosis, and treatment of individuals under age 21. Correlates to: 42 CFR Part 441.

TITLE: State Medicaid Manual, Payment for Services, Part 6  
PUB: HCFA Pub. 45-6  
ORDER NUMBER: PB 89-952799

This manual covers payment for services, general provisions, payment methods, and upper limits. Correlates to: 42 CFR Part 447.

TITLE: State Medicaid Manual, Quality Control, Part 7  
PUB: HCFA Pub. 45-7  
ORDER NUMBER: PB 95-952899

This manual covers all aspects of the quality control program. Correlates to: 42 CFR Part 431.

TITLE: State Medicaid Manual, Program Integrity, Part 8  
PUB: HCFA Pub. 45-8  
ORDER NUMBER: PB 89-952999

This manual covers program integrity, Medicaid agency fraud detection and investigation program, disclosure of information by providers and fiscal agents, and exclusion by providers and suspension of practitioners. Correlates to: 42 CFR 455

TITLE: State Medicaid Manual, Utilization Control, Part 9  
PUB: HCFA Pub. 45-9  
ORDER NUMBER: PB 89-953099

This manual covers utilization control in all Medicaid services, hospitals, mental hospitals, skilled nursing facilities and intermediary care facilities; utilization review plans and inspections of care in an ICF and institutions for mental diseases. Correlates to: 42 CFR Part 456.

TITLE: State Medicaid Manual, Medicaid Management Information System, Part 11  
PUB: HCFA Pub. 45-11  
ORDER NUMBER: PB 89-953199

This manual covers Medicaid management information systems, functional requirements, performance review standards and criteria and general systems design. Correlates to: 45 CFR part 95.

TITLE: State Medicaid Manual, State Plan Procedures and Preprints, Part 13  
PUB: HCFA Pub. 45-13  
ORDER NUMBER: PB 89-953299

This manual covers State plan procedures and State plan preprints. Correlates to: 45 CFR Parts 201, 204, and 205.5.

TITLE: State Medicaid Manual, Medicaid Eligibility Determination and Information retrieval System, Part 15  
PUB: HCFA Pub. 45-15  
ORDER NUMBER: PB 89-953499

This manual covers the Medicaid eligibility determination and information retrieval system. Correlates to: 42 CFR Part 433 Subpart C.

## **SECTION 5 - PROGRAM MEMORANDA**

TITLE: Program Memorandum, Medicaid State Agencies  
PUB: HCFA Pub. 17  
ORDER NUMBER: PB 92-956299

TITLE: Program Memorandum, Intermediaries  
PUB: HCFA Pub . 60-A  
ORDER NUMBER: PB 92-955500

Communicates with intermediaries on subjects and issues not appropriate for the Medicare Intermediary Manual because they are not ongoing instructions.

TITLE: Program Memorandum, Carriers  
PUB: HCFA Pub. 60-B  
ORDER NUMBER: PB 92-955600

Communicates with carriers on subjects and issues not appropriate for the Medicare Carriers Manual because they are not ongoing instructions.

TITLE: Program Memorandum, Intermediaries/Carriers  
PUB: HCFA Pub 60 A/B  
ORDER NUMBER: PB 92-955700

Communicates identical information to intermediaries and carriers on subjects and issues not appropriate for the Medicare Intermediary or the Medicare Carriers Manuals because they are not ongoing instructions.

TITLE: State Medicaid Manuals - Program Memorandum Health Maintenance  
Organizational/Competitive Medical Plan  
PUB: HCFA Pub. 76

ORDER NUMBER: PB 89-956099

TITLE: Program Memorandum Insurance Commissioners

PUB: HCFA Pub.80

ORDER NUMBER: PB 94-956999



## **SECTION 6 - NATIONAL CORRECT CODING MANUAL**

### **NATIONAL CORRECT CODING POLICY MANUAL FOR PART B MEDICARE CARRIERS, VERSION 2.2**

This manual promotes correct coding nationwide and assists physicians in correctly coding their services for reimbursement. The policies included in the manual are based on coding conventions as defined in the AMA's CPT Manual in national and local policies and edits, and in coding guidelines developed by national medical societies.

The manual includes a table of contents, 12 chapters, an index and two attachments. The chapters are organized by CPT coding for medical procedures and services except for Chapter I which contains general coding policies and Chapter XII which addresses HCPCS Level II codes under the Part B Carriers' jurisdiction. Chapters I and XII, the index and the two attachments are also included in the individual chapters for sale in order to make the individual chapters more comprehensive and easier to use.

#### **TO ORDER THE COMPLETE MANUAL:**

Diskette copy, version 2.2  
Cost: \$80.00, plus handling fee  
(WordPerfect 5.0, compressed files)  
Order Number: PB 96-501754LNU

Paper copy of the base manual, version 2.2  
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